

	TASK ORDER
	AHCCCS TO# YH26-0082
	H.R. 1 Community Engagement & Medicaid Work Requirements Communications

ISSUE DATE: April 24, 2026

QUESTIONS DUE DATE: May 5, 2026
By 3:00PM Arizona Time

RESPONSE DUE DATE: May 28, 2026
By 3:00PM Arizona Time

PROCUREMENT OFFICER: Tiffanie Blanco, Purchasing Manager
Email: procurement@azahcccs.gov

RESPONSE SUBMISSION REQUIREMENTS:

This Task Order is open to Contractors awarded under the **Statewide Marketing Services**. Any resultant award of this project will be added to your contract through a purchase order release (for the Statewide contract). AHCCCS reserves the right to accept whole or partial responses from one or more respondents.

Please submit your response electronically via email to the Procurement Officer listed above. Please do not submit anything considered “proprietary” or “confidential”.

Please ensure the subject line of your response email reads:
“Task Order YH26-0082 for H.R. 1 Community Engagement & Medicaid Work Requirements Communications” along with your Company’s name.

Late responses will not be considered.

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1. PROJECT TITLE:

H.R. 1 Community Engagement & Medicaid Work Requirements Communications

2. PROJECT TIMELINE:

The contractor will propose a high-level project timeline that identifies key milestones necessary to meet the requirements outlined in Section 5. The proposed timeline should begin as soon as possible, with public facing communications initiating no later than September 1, 2026, with continued activities for the duration of the task order. The timeline must also include the contractor's preferred invoice schedule.

CMS Approval Requirement: All activities, deliverables, and timelines are subject to Centers for Medicare & Medicaid Services (CMS) for review and approval.

3. BUDGET:

3.1 This Task Order is incrementally funded. The amount presently obligated is \$750,000.00. The Contractor is authorized to perform work and incur costs up to this amount.

3.2 No further work shall be performed once the obligated funds are exhausted unless additional funding is authorized in writing.

4. BACKGROUND:

The federal budget reconciliation bill (H.R. 1) establishes new Medicaid requirements related to community engagement (work) requirements, and six-month renewals for certain Medicaid members plus maintaining current addresses for all members. These requirements represent a significant policy change with direct implications for eligibility, renewal processes, and member compliance.

The Arizona Health Care Cost Containment System (AHCCCS), the state of Arizona's Medicaid system, is required to implement these provisions in accordance with federal guidance while minimizing inappropriate coverage loss and ensuring members, providers, and partners understand the new requirements and how to comply.

5. PURPOSE:

The purpose of this task order is to procure the services of a statewide marketing contractor to provide communications and engagement activities to support AHCCCS in achieving the following objectives:

5.1 Awareness: Ensure impacted Medicaid members and stakeholders are informed and prepared for the new requirements.

5.2 Understanding: Clearly explain who is affected, and how to be successful with community engagement, including what activities qualify, and how to report compliance or claim exemptions. Reduce confusion, misinformation, and avoidable disenrollment.

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- 5.3 Action: Drive timely member actions (reporting, documentation, updates to contact information).
- 5.4 Support: Equip providers, health plans, and community partners with clear, consistent, accurate messaging, and actionable guidance.
- 5.5 Customized Messaging: Deliver messages in plain language, culturally appropriate formats, and multiple languages.

6. **PHASES:**

AHCCCS envisions that the project will have 4 phases as outlined below. The activities in this task order are described in these phases, however, AHCCCS is aware that the Contractor has expertise that might envision these phases differently, therefore AHCCCS encourages the Contractor to provide its proposal in the most effective way to meet the objectives listed in this task order. AHCCCS intends to be flexible in the approach to meet these objectives.

6.1 Phase 1: Stakeholder Input

The contractor will gather qualitative, open-ended insights from a broad set of targeted external and internal stakeholders designed to elicit perspectives on needs, challenges, desired improvements, and communication preferences.

6.2 Phase 2: Planning & Message Development

6.2.1 The contractor will develop the message and communication framework and present to AHCCCS for approval.

6.2.2 The contractor shall develop a creative concept development

6.3 Phase 3: Publication, Implementation & Compliance

6.3.1 Implement the approved plan, including public messaging to stakeholders

6.3.2 Provide ongoing reminders and action-oriented messaging

6.3.3 Escalation messaging tied to deadlines

6.4 Phase 4: Monitoring & Optimization

6.4.1 Message refinement based on engagement and feedback

7. **PHASE 1: STAKEHOLDER INPUT PLAN AND INSIGHT DEVELOPMENT**

- 7.1 OBJECTIVE: To ensure that forthcoming communications assets are informed by the perspectives, needs, and preferences of key end-users, the Contractor shall design and implement a Stakeholder Input Plan. This plan will gather qualitative, open-ended insights from a broad set of external and internal stakeholders regarding the priorities, challenges, and opportunities they believe should be reflected in the materials.

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7.2 The Contractor shall:

7.2.1 Develop a Stakeholder Input Plan

7.2.1.1 Create a detailed plan outlining the approach, engagement methods, target participant groups, timelines, and tools to be used to collect open-ended input.

7.2.1.2 The plan shall be reviewed and approved by AHCCCS prior to execution.

7.2.2 Identify and Engage Stakeholder Groups

The Contractor shall engage a diverse set of stakeholders, including but not limited to:

7.2.2.1 AHCCCS members and caregivers

7.2.2.2 Providers

7.2.2.3 Managed Care Organizations (MCOs)

7.2.2.4 Advocacy groups

7.2.2.5 Internal AHCCCS leadership and program teams

7.2.2.6 Additional stakeholder groups as recommended by the Contractor and approved by AHCCCS

7.2.3 Collect Qualitative Input

7.2.3.1 Facilitate open-ended input opportunities (e.g., interviews, listening sessions, webinars, facilitated discussions, online qualitative tools) designed to elicit stakeholder perspectives on needs, challenges, desired improvements, and communication preferences.

7.2.3.2 Ensure collection methods are accessible, inclusive, culturally responsive, and appropriate for all stakeholder groups.

7.2.4 Summarize Findings

7.2.4.1 Analyze and summarize stakeholder feedback to identify recurring themes, pain points, expectations, and communication needs relevant to the development of future communications assets.

7.2.4.2 Provide a summary report highlighting insights that should guide deliverables.

7.2.5 Recommendations for Next Step

7.2.5.1 Based on insights gathered, provide clear, actionable recommendations to inform development of communication products, messaging, and materials in subsequent phases of the project.

7.2.6 Phase 1 deliverables:

7.2.6.1 Stakeholder Input Plan (for AHCCCS approval)

7.2.6.2 Stakeholder Engagement Summary (documenting outreach activities, participation, and methodology)

7.2.6.3 Insights Summary Report

7.2.6.4 Next Steps Recommendations

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8. PHASE 2: PLANNING AND MESSAGE DEVELOPMENT

8.1 Purpose and Intent

Phase 2 is intended to ground future communications development in real-world user input, ensuring that all materials created for the project reflect the needs, preferences, and experiences of those directly impacted by AHCCCS programs.

8.1.1 Primary Audience(s): Medicaid Members

8.1.1.1 Medicaid members subject to H.R. 1 community engagement and six-month renewal requirements.

8.1.1.2 Medicaid members potentially subject to the requirements (education phase)

8.1.1.3 All Medicaid members with regards to maintaining updated addresses

8.1.2 Secondary Audience(s): Providers and Partners

8.1.2.1 Medicaid providers

8.1.2.2 Managed Care Organizations (MCOs)

8.1.2.3 Community-based organizations, workforce agencies, and advocates

8.1.2.4 Internal AHCCCS staff and call-center teams

8.2 Public Messaging – Medicaid Members

8.2.1 The contractor shall develop and deploy member-focused communications that draw on best practices. Previous AHCCCS Public Health Emergency (PHE) outreach materials will be provided as reference examples.

8.2.2 These are intended to illustrate tone, clarity, and effectiveness, while allowing the contractor full flexibility to propose any new innovative strategies and campaign concepts based on their expertise:

8.2.3 Key Deliverables

8.2.3.1 Plain-language message library explaining:

8.2.3.1.1 What the community engagement requirement is

8.2.3.1.2 Who is impacted by 6-month renewals

8.2.3.1.3 Who must comply with community engagement

8.2.3.1.4 Qualifying activities and exemptions for community engagement

8.2.3.1.5 How and where to report activities for community engagement

8.2.3.1.6 Importance of maintaining current contact information

8.2.3.2 Message variants developed for:

8.2.3.2.1 Awareness phase

8.2.3.2.2 Pre-implementation reminders

8.2.3.2.3 Active compliance periods

8.2.3.2.4 Renewal and redetermination touchpoints

8.2.3.3 Communication Channels

8.2.3.3.1 AHCCCS website landing page(s)

8.2.3.3.2 Member portals (e.g., [HEAplus](#))

8.2.3.3.3 Email and Text Messaging/SMS

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- 8.2.3.3.4 Mail inserts and notices
 - 8.2.3.3.5 Social media (Facebook, X/Twitter, LinkedIn)
 - 8.2.3.3.6 Frequently Asked Questions (FAQs) and quick-reference guides
 - 8.2.3.3.7 Earned media including print, digital, radio and television
 - 8.2.3.4 The Contractor may also recommend additional communication channels beyond those identified above. Any proposed channels should be justified based on audience reach, accessibility, and alignment with project goals.
- 8.3 Public Messaging – Providers & Partners

The contractor shall support provider and partner readiness through targeted communications.

 - 8.3.1 Key Deliverables
 - 8.3.1.1 Provider-specific messaging explaining:
 - 8.3.1.1.1 Overview of H.R. 1 community engagement and six-month renewal requirements
 - 8.3.1.1.2 Provider’s role in educating and assisting members
 - 8.3.1.1.3 Referral pathways for workforce, education, and community services
 - 8.3.1.2 Develop Toolkits for:
 - 8.3.1.2.1 Providers
 - 8.3.1.2.2 Health plans
 - 8.3.1.2.3 Community-based organizations
 - 8.3.1.2.4 Develop talking points and FAQs for front-line staff
 - 8.3.1.3 Communication Channels
 - 8.3.1.3.1 Provider bulletins
 - 8.3.1.3.2 Provider portals
 - 8.3.1.3.3 Email communications
 - 8.3.1.3.4 Webinars or recorded briefings (as applicable)
- 8.4 Creative & Visual Assets

The contractor shall propose pricing options for accessible and reusable creative assets in English and Spanish, such as:

 - 8.4.1 Digital banners/graphics for social media and web
 - 8.4.2 Print-ready flyers and posters
 - 8.4.3 Infographics explaining compliance steps
 - 8.4.4 Branded templates aligned with AHCCCS visual standards
 - 8.4.5 Short and/or long-form videos
 - 8.4.6 All assets shall be:
 - 8.4.6.1 ADA compliant
 - 8.4.6.2 Optimized for mobile use
 - 8.4.6.3 Available in required languages
- 8.5 Digital & Web Content

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The contractor shall support development and maintenance of HR1-specific web content, including but not limited to:

- 8.5.1 Dedicated H.R. 1 community engagement landing pages
- 8.5.2 Step-by-step “How to Comply” guides
- 8.5.3 Information on six-month renewals
- 8.5.4 Information and options for updating address
- 8.5.5 FAQs updated as federal guidance evolves
- 8.5.6 Cross-links to reporting tools and external resources

8.6 Social Media Campaign Plan

The contractor shall develop a compelling social media campaign plan segmented by target audience, platform, and prioritized by impact to be implemented as part of Phase 3. Plan should incorporate recommendations for optimization or course correction and integrate with Phase 4 reporting.

8.7 Message Testing & Iteration

Support rapid updates based on:

- 8.7.1 New information and/or preferences obtained from end-users
- 8.7.2 Federal guidance
- 8.7.3 CMS feedback
- 8.7.4 Call-center trends and member questions
- 8.7.5 Adjust messaging to address confusion, misinformation, or emerging risks

9. **PHASE 3: PUBLICATION, IMPLEMENTATION & COMPLIANCE**

The contractor shall implement the approved phase 2 communication plan.

9.1 Publication Plan & Schedule

- 9.1.1 Final publication calendar for all campaign materials (e.g., emails, web updates, social content, press releases, collateral)
- 9.1.2 Channel-specific deployment timelines
- 9.1.3 Approvals workflow for releasing content
- 9.1.4 Version control documentation

9.2 Content Publication & Distribution

- 9.2.1 Uploading and publishing content across all approved channels:
 - 9.2.1.1 Website / portal update
 - 9.2.1.2 Intranet posts
 - 9.2.1.3 Email distribution
 - 9.2.1.4 Social media publishing
 - 9.2.1.5 Internal newsletters
 - 9.2.1.6 Printed materials (if applicable)

9.3 Formatting and packaging content for distribution (HTML, PDFs, graphics, etc.)

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9.4 Coordination with internal teams (IT/web, social media, training, HR, agency partners)

9.5 Implementation Management

- 9.5.1 End-to-end coordination of campaign rollout
- 9.5.2 Execution of campaign sequencing or phased release plan
- 9.5.3 Deployment tracking (what was published, where, and when)
- 9.5.4 Issue logging and resolution management
- 9.5.5 Stakeholder coordination and communication

9.6 Distribution Compliance Reporting

- 9.6.1 Confirmation reports showing:
 - 9.6.1.1 All assets published as planned
 - 9.6.1.2 Accessibility and compliance validation results
 - 9.6.1.3 Distribution reach or audience size when available

9.7 Documentation for audit readiness

9.8 Change Control & Publication Log

- 9.8.1 Detailed publication log documenting:
 - 9.8.1.1 What content was published
 - 9.8.1.2 When it was published
 - 9.8.1.3 Any revisions or updates
 - 9.8.1.4 Compliance artifacts

9.9 Version tracking for campaign materials

10. PHASE 4: MONITORING & OPTIMIZATION

The contractor shall:

- 10.1 Monitor campaign performance across all designated channels, analyze results against agreed-upon KPIs, and provide ongoing recommendations and adjustments to optimize messaging, reach, and engagement.
- 10.2 Develop and implement a Performance Measurement Framework
 - 10.2.1 Defined KPIs and success metrics aligned to the communication strategy (e.g., reach, sentiment, engagement, adoption, stakeholder satisfaction)
 - 10.2.2 Dashboard or scorecard showing how metrics will be tracked over time
- 10.3 Establish Analytics & Reporting Cadence
 - 10.3.1 Monthly, quarterly, or campaign-specific performance reports
 - 10.3.2 Analytics covering:
 - 10.3.2.1 Channel performance (email, intranet, social media, paid media, events)

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- 10.3.2.2 Content performance (open rates, click-throughs, sentiment, engagement)
- 10.3.2.3 Audience segmentation insights
- 10.3.2.4 Executive summaries translating findings into actionable insights
- 10.4 Conduct Real-Time Monitoring of:
 - 10.4.1 Media mentions
 - 10.4.2 Social media trends and sentiment
 - 10.4.3 Stakeholder feedback channels
 - 10.4.4 Website and campaign traffic
 - 10.4.5 Alerts or rapid-response notifications if sentiment drops or misinformation emerges
- 10.5 Provide Optimization Recommendations including:
 - 10.5.1 Data-driven recommendations for adjustments to:
 - 10.5.1.1 Messaging approach
 - 10.5.1.2 Channel mix
 - 10.5.1.3 Target audience strategy
 - 10.5.1.4 Timing and frequency of communications
 - 10.5.1.5 Creative assets and content types
 - 10.5.1.6 Prioritization matrix (high/medium/low impact)
 - 10.5.2 Conduct A/B Testing & Experimentation
 - 10.5.2.1 Structured testing plan for:
 - 10.5.2.1.1 Subject lines
 - 10.5.2.1.2 Visual treatments
 - 10.5.2.1.3 Content formats
 - 10.5.2.1.4 Calls to action
 - 10.5.3 Summary of test findings and optimization actions

11. ROLES & RESPONSIBILITIES:

- 11.1 Contractor Responsibilities
 - 11.1.1 Gathering information and insights to understand needs of the end user(s)
 - 11.1.2 Content development and editing
 - 11.1.3 Graphic design and production
 - 11.1.4 Channel-specific adaptations
 - 11.1.5 Coordination with AHCCCS Communications for approvals and publication
- 11.2 AHCCCS Responsibilities
 - 11.2.1 Policy interpretation and validation
 - 11.2.2 Final content approvals
 - 11.2.3 Distribution through official channels

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11.2.4 Coordination with stakeholders, internal divisions and vendors

12. REPORTING REQUIREMENTS / AND OR DELIVERABLES:

12.1 The contractor shall provide regular reporting, which may include:

- 12.1.1 Content inventory and deployment tracking
- 12.1.2 Engagement metrics (where available)
- 12.1.3 Summary of updates and revisions
- 12.1.4 Observed risks or communication gaps

12.2 Compliance & Review

12.2.1 All deliverables must:

- 12.2.1.1 Align with federal and state Medicaid requirements
- 12.2.1.2 Meet AHCCCS brand, accessibility, and language-access standards
- 12.2.1.3 Be approved by AHCCCS prior to public release

13. EVALUATION CRITERIA:

This Task Order will be evaluated on the following criteria, listed in their relative order of importance:

- Pricing proposal
- Experience and Capacity
- Methodology and Approach

14. HOW TO RESPOND TO THIS TASK ORDER:

14.1 Required Elements:

- 14.1.1 Cover letter with signature of authorized company representative, including contract number and contact information.
- 14.1.2 Name and contact information of the person responsible for response to this task order.

14.2 Pricing Proposal

- 14.2.1 Provide a pricing proposal broken down by Phase and/or Deliverable.
- 14.2.2 Pricing proposal shall include all estimated costs (ie media fees, mark ups, other approved costs). In accordance with the statewide contract, Section 2-B: Pricing Document:
 - 1. Compensation
 - a. Contractor will be compensated based on the pricing provided for satisfactorily carrying out its obligations under the Contract. Pricing shall be defined based on all numbers submitted in accordance with the referenced Solicitation.
 - b. Media Mark-Up shall be based on the Net Media Cost.

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14.2.3 Proposed pricing shall be in accordance with best rates no greater than the Contractor's current statewide contracted rates.

14.2.4 Be advised that the rate proposed is to be inclusive of all cost associated with the provision of service. No other expenses will be paid unless otherwise allowed for in the statewide contract.

14.3 Experience and Capacity of the Firm and Key Personnel – (limit 10 pages)

14.3.1 Specific experience of the firm/company with this type of project.

14.3.2 List of names and classification personnel expected to perform specific activities, including use of subcontractors

14.3.3 Experience of the proposed staff with this type of project.

14.4 Methodology and approach (Limit 10 pages)

14.4.1 Proposed methodology and approach to fulfill the requirements of this project.

14.4.2 Description of recommended deliverables including periodic reporting recommendations and other activities.

14.4.3 Proposed timeline for completion of requirements in each phase of the project.

14.5 Please submit your response electronically via email to the procurement officer listed on the front page with the subject line "YH26-0082 Task Order Response" along with your company's name.

14.6 Please do not submit anything considered "proprietary" or "confidential".

15. AWARD:

15.1 AHCCCS anticipates awarding the response to the contractor(s) with the most advantageous response(s). The award of this task order is contingent on CMS approval. (if it applies)

15.2 This project will be procured through Arizona Statewide Contract listed on page #1 of this task order. All terms and conditions of the statewide contract (the "base contract") shall apply to this project. AHCCCS may provide Protected Health Information (PHI) to the Contractor in connection with this task order. Therefore, the attached HIPAA Business Associate Addendum is incorporated into this Task Order (if applicable).

15.3 Confidentiality: The Contractor shall safeguard all information regarding this Task Order as confidential. The Contractor shall establish and maintain procedures and controls preapproved by AHCCCS for the purpose of assuring that information contained in its records or obtained from AHCCCS or others carrying out their functions related to this Task Order shall not be used or disclosed, except as required to perform duties under this Task Order.

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16. INVOICING:

16.1 Invoices shall be electronically submitted to:

AHCCCS Accounts Payable AHCCCSDBFAdminPayables@azahcccs.gov

16.2 Each invoice shall provide the following information, as applicable:

- Statewide Contract number, Task Order number, and the Purchase Order number.
- Description of services performed for each fee and hours worked.
- Name of AHCCCS contact person for this task order.
- Date(s) services were performed.
- Adequate supporting documentation attached as required by this Task Order.
- Signature of authorized person.